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PTO/SB/22 (12-04)

are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) PETITION FOR EXTEN ₹iME UNDER 37 CFR 1.136(a) 393032040700 **FY 2005** (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) September 17, 2003 **Application Number** 10/664,777 Filed For MULTI-CHANNEL VIDEO MIXER FOR APPLYING VISUAL EFFECTS TO VIDEO SIGNALS M. Lee Art Unit 2622 Examiner This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): <u>Fee</u> Small Entity Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 \$225 450.00 Two months (37 CFR 1.17(a)(2)) \$450 \$510 \$ \$1020 Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) \$795 \$ \$1590 \$1080 \$ Five months (37 CFR 1.17(a)(5)) \$2160 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 October 2, 2006 Date Signature (213) 892-5587 David T. Yang Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. forms are submitted. Total of

10/10/2006 JBALINAN 00000008 031952 10664777 01 FC:1252 450.00 DA OT 0 6 2006

PTO/SB/17 (01-06)
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Under the Pa	perwork Reduction Act of	respond to a collection of information unless it displays a valid OMB control number.  Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/664,777				
FEE TRANSMITTAL For FY 2006						September 17, 2003		
						Hiroyuki IWASE		
						M. Lee		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2622				
TOTAL AMOUNT OF PAYMENT (\$) 450.00						93032040700		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FI	LING FEES	· SE	ARCH FEES	EXAMIN	ATION FEES		
Application Ty	ype Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)								
Fee Description Feeh claim over 20 (including Paissnes)								25
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)								100
Multiple dependent claims								180
Multiple dependent claims 360  Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims								100
Total Glamb	· = X =				Fee (\$) Fee Paid (\$)			5)
HP = highest num	ber of total claims paid for	, if greater than 20.						
Indep. Claims	Extra Claims	<u>Fee (\$)</u>	Fee	Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$)								
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00								
SUBMITTED BY								
Signature	9			Registration No. (Attorney/Agent)	44,415	Telephone	(213) 89	2-5587
Name (Print/Type) David T. Yang						Date	October	2, 2006